



RAINBOW MONTESSORI SCHOOL NURSERIES
FEOP Application Form (2 YEARS FUNDING)

These places will be allocated on a first come, first served basis, and can be booked a term in advance. Please note for admissions for the free nursery education we have a termly intake, beginning the term following your child's second birthday.

Desired Term & Year of Entry	Spring <input type="checkbox"/> Jan – March	Summer <input type="checkbox"/> April- July	Autumn <input type="checkbox"/> Sept – Dec	Year
Nursery Site (Please tick your preferred site)			West Hampstead <input type="checkbox"/>	Queen's Park <input type="checkbox"/>
(FEOP) FREE ENTITLEMENT ONLY PLACE				

Child's full name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		DD	MM	YYYY
Known by name:		Home Address:		
Nationality:		Ethnic Origin:		Religion:
Spoken Languages:				
If English is not the primary language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is your child currently attending a nursery setting? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will your child be attending another nursery setting whilst at Rainbow? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parent/Carer A:			
Surname:		Forename:	
Home address:		Postcode:	
Mobile Tel:		Home Tel:	
Work Tel:		Relationship to Child:	
Email:			

Are you the child's parent/legal guardian (Please tick box)

Parent/Carer B:			Tick if same address as Parent/Carer A <input type="checkbox"/>
Surname:		Forename:	
Home address:		Postcode:	
Mobile Tel:		Home Tel:	
Work Tel:		Relationship to Child:	
Email:			

Are you the child's parent/legal guardian (Please tick box)

Emergency Contact	
Surname:	Forename:
Relationship to Child:	

Health and medical details			
GP's name:		Practice name:	
Address:		Town/City:	
Postcode:		Telephone:	

	Yes	No	Comments
Are your child's immunisations up to date?			
Does your child have any medical conditions?			
Does your child have any dietary requirements (including food allergies, intolerances, preferences)?			
Other Information (e.g., diet, sibling history etc. Please state any special needs/difficulties your child may have? any other agencies working with your child? and/or family? This includes Educational/Psychological/Physical needs. If required, please provide details on a separate sheet)			

Rainbow Montessori School Nurseries would like to understand your preferences. Please tick and complete each question.

Education and setting information			
Short outings within the local community	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child's first name to be included on displays and around the setting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Day trips requiring transportation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Share with other providers or schools, information on your child including their learning and development	Yes <input type="checkbox"/> No <input type="checkbox"/>

Health and Wellbeing			
Permission for my child to be taken to hospital, admitted, and treated if necessary. <i>I understand that every attempt will be made to contact me first and that such measures would only apply if I am not available.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency first aid and medical treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>

Images Consent			
We often take pictures in our setting for various internal purposes and some of those pictures are likely to include your child. Please can you confirm if you are happy for us to store and use such images for the following:			
Use images and videos for child's digital online learning journey	Yes <input type="checkbox"/> No <input type="checkbox"/>	Use for external marketing purposes (Rainbow Montessori School website, leaflets, flyers, and prospectuses)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use images and videos on our weekly blogs. Parent access only and password protected	Yes <input type="checkbox"/> No <input type="checkbox"/>	Use on social media platforms (Instagram & Facebook)	Yes <input type="checkbox"/> No <input type="checkbox"/>

By signing this application form and registration agreement, you acknowledge and accept the following: you have read the privacy notice and give your consent to the processing and transfer of the Personal Data. I agree that while at RMS to abide by the published School Policies & Parent Handbook available online via the school website www.rainbowmontessori.co.uk including any amendments / updates in force during my child's attendance at RMS. I agree to give one full term's written notice before removing my child from RMS. **Please note that funding will not be provided for children who change settings mid-term other than for the reasons set out in parent declaration form.**

ALL FORMS MUST BE SIGNED BY BOTH PARENT(S) AND/ OR LEGAL GUARDIAN(S).

Parent 1 Full Name _____ Parent 1 Signature _____ Date _____

Parent 2 Full Name _____ Parent 2 Signature _____ Date _____
